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PTO/SB/01 (12-97)  
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	FC01093
	<b>First Named Inventor</b>	Laura Crane
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09 / 454,980
	<b>Filing Date</b>	December 3, 1999
	<b>Group Art Unit</b>	3728
<b>Examiner Name</b>		

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Gel Insoles With Lower Heel and Toe Recesses Having Thin Spring Walls

the specification of which (Title of the Invention)  
☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) December 3, 1999 as United States Application Number or PCT International Application Number 09/454,980 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)


☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date March 9, 2000

Typed or printed name Henry S. Hadad, Esq., Reg. No. 35,888

Signature  Date March 9, 2000

<b>Express Mail Label No.</b>	
<b>Date</b>	

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number  OR ☐ Registered practitioner(s) name/registration number listed below

*Place Customer Number Bar Code Label here*

Name	Registration Number	Name	Registration Number
Henry S. Hadad	35,888		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  OR ☐ Correspondence address below

Name	Henry S. Hadad, Esq.,				
Address	2000 Galloping Hill Road				
Address	Patent Dept. K-6-1, 1990 Schering-Plough Corporation				
City	Kenilworth	State	NJ	ZIP	07033
Country	USA	Telephone	(908) 298-2906	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Laura		Crane			
Inventor's Signature	<i>Laura J. Crane</i>			Date	2/22/00
Residence: City	Williston	State	TN	Country	USA
				Citizenship	USA
Post Office Address	7155 State Road 194				
Post Office Address					
City	Williston	State	TN	ZIP	38076
				Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Avent			
Inventor's Signature	Richard Avent			Date	2-22-80		
Residence: City	Bartlett	State	TN	Country	USA	Citizenship	USA
Post Office Address	3275 Manning Drive						
Post Office Address							
City	Bartlett	State	TN	ZIP	38133	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Donald				Thompson			
Inventor's Signature				Date			
Residence: City	Memphis	State	TN	Country	USA	Citizenship	USA
Post Office Address	5728 Redding Avenue						
Post Office Address							
City	Memphis	State	TN	ZIP	38120	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Avent			
Inventor's Signature				Date			
Residence: City		Bartlett	State	TN	Country	USA	Citizenship
Post Office Address		3275 Manning Drive					
Post Office Address							
City		Bartlett	State	TN	ZIP	38133	Country
						USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Donald Barry				Thompson			
Inventor's Signature		Donald Barry Thompson		Date		2/24/2000	
Residence: City		Raleigh	State	NC	Country	USA	Citizenship
Post Office Address		615 Beaver Dam Rd.					
Post Office Address		5728 Redding Avenue					
City		Raleigh	State	NC	ZIP	27607	Country
		Memphis	TN		38120	USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		ZIP		Country

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## DECLARATION

## REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Edwin P. Ching	34090	Gabriel P. Kralik	34855
Eric S. Dicker	31669	Susan Lee	30653
Cynthia L. Foulke	32364	Anita W. Magatti	29825
Robert A. Franks	28605	Arthur Mann	35598
Kenneth M. Goldman	34174	Edward H. Mazer	27573
James M. Gould	33702	Jaye P. McLaughlin	41211
Richard J. Grochala	31518	Richard B. Murphy	35296
Henry S. Hadad	35888	James R. Nelson	27929
Thomas D. Hoffman	28221	David B. Schram	43096
Henry C. Jeanette	30856	Immac J. Thampoe	36322
Palaiyur S. Kalyanaraman	34634	Paul A. Thompson	35385
Gerald P. Keleher	43707	Joanne P. Will	35737
		Donald W. Wyatt	40879

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